

**PLANNING COMMITTEE MEETING  
SUMMARY NOTES  
SEPTEMBER 8, 2004 · 10:30 – 12:00 P.M.**

**I. Welcome and Introductions**

Welcome by Evalyn Greb, Chief, Long Term Care Integration, followed by self-introductions of approximately 50 stakeholders.

**II. Announcements**

- Medi-Cal Redesign postponed by Governor until January 2005
- Board of Supervisors approved Board Letter supporting all three strategies on July 13, 2004
- No October Planning Committee Meeting
- Next Planning Committee meeting: November 10, 2004, 10:30 – Noon, Sharp Operations Center, 8695 Spectrum Center Court, San Diego, CA 92123. Agenda: Panel discussion on the role of home care within LTCIP.

**III. Dr. Mark R. Meiners, National Director, Robert Wood Johnson Foundation Medicare/Medicaid**

**Integration Program** provided a brief overview of how the three LTCIP strategies represent a continuum of chronic care management choice and complement the San Diego County Medical Society Foundation's initiative to develop an integrated electronic information system for physicians:

- The San Diego Medical Information Network Exchange (SD MINE) will utilize web-based technology to improve physician access to all information necessary to make the best decisions for patients at the point of care.
- The LTCIP Network of Care Strategy is a web-based information approach to support the two LTCIP service delivery models (Healthy San Diego Plus and Physician Strategy) in developing better supports, linkages and care coordination between the medical and social services communities.
- The goal of the Physician Strategy, a managed fee-for-service delivery model, is to identify effective interventions and incentives to improve chronic care outcomes, enhance communication and linkages with the community, increase consumer education and empowerment, and identify the resources to support those interventions permanently.
- The proposed Healthy San Diego Plus (HSD+) model is a voluntary, fully integrated service delivery model wherein capitation of acute and long term care expenditures from Medi-Cal and from Medicare for the "dually eligible," will provide the flexibility and incentive to substitute home and community-based care for acute services, along with improved resource information and communication.

**IV. Dr. Stephen H. Carson M.D., Chief Medical Officer, San Diego County Medical Society Foundation,**

presented on SD MINE and the ideal web-assisted office visit for the doctor and the patient. His PowerPoint presentation, *"Using Technology to Bridge the Chasm of Quality in Healthcare,"* and SD MINE handout are available on the LTCIP website or by calling 858-495-5428. Highlights of the presentation include the following:

- The overall goal of SD MINE is to allow physicians to gather all the right information on the right patient at the right time to make the right health care decisions, using a central hub or single electronic network that connects physicians to multiple databases and support tools via their personal computer.
- Patients will have the option to participate and will have to give permission before any physician can access and gather their personal information and medical records.
- The San Diego County Medical Society represents approximately 3,000 physicians, but the goal of the Foundation and SD MINE is to support all physicians in the County regardless of membership.
- SD MINE is driven by several concerns, including the Institute of Medicine's report that medical errors have not decreased despite cost increases in providing healthcare.
- The physician community recognizes the need to link with the community in substantive ways.
- Barriers to physician adoption of technology include cost, history of false starts, lack of standards, HIPPA regulations, privacy and security concerns, stakeholder commitment, and the notion that the healthcare industry in general is slow to change.

- Despite these barriers, physicians recognize the value of technology in patient safety and quality improvement and are committed to adopting this technology if developed and implemented in the right way.
- SD MINE was launched two months ago, but project leaders, partners and stakeholders recognize that it will take a considerable amount of time to plan, develop and implement an effective and efficient system.
- Key collaborating partners such as Network of Care and SureScripts will offer tools to help physicians gather and store information in an efficient and secure way.
- The Network of Care has the potential to be a core resource on the physician's desktop to provide patients with timely and accurate information on chronic diseases, self-care management, end-of-life care, social support services, and other powerful tools.
- SureScripts is an electronic prescribing tool that will eventually connect physicians to all 370+ pharmacies in San Diego County. Benefits include: (1) improved patient safety - identifying/preventing drug interactions and medication errors; improving medication management and compliance (2) improved patient satisfaction- more timely refills; less waiting time (3) financial savings - up to \$2 billion per year (4) time savings/improved productivity – 1 hour per day for physicians; 4 hours per day for pharmacies.
- Literacy and the patient's ability to understand physician communication is the #1 predictor of a person's health. More than half of patients are unable to understand physician communication.
- Consequences of poor health literacy include lack of compliance with medical regimens, medication errors, late diagnoses, limited preventive care and malpractice suits.
- SD MINE includes an education component to improve health literacy and patient/physician communication.

## **V. Group Discussion**

- Language barriers are major challenges to improving health literacy. Supports currently available to physicians include translation services through AT&T and Catholic Charities, but these services are limited and very time consuming to access and utilize.
- Other strategies to improve patient/physician communication, understanding and compliance with medical regimens include having the patient repeat the physician's instructions or what was discussed during an office visit; having the patient bring their prescriptions to the physician office and describe their medication routine; ensuring that patient education material is written at a 4<sup>th</sup>-6<sup>th</sup> grade reading level, translated into multiple languages and easily accessible to both patient and provider.
- If SD MINE becomes a reality, it will be a great resource and support tool for physicians; having timely access to a complete set of patient information will greatly improve care coordination and community linkages.
- SD MINE will not happen overnight, but will gradually evolve into an effective system with realistic expectations and on-going stakeholder support.
- Kaiser has already made the decision to invest the resources necessary for developing this type of technology and has estimated a \$35 billion return over 5 years once it is up and running.
- Other related national initiatives are taking place in Seattle, Santa Barbara, Delaware and Tennessee. The Seattle program has demonstrated savings and improved patient safety and satisfaction.
- Funding sources to support these types of initiatives include the San Diego County Medical Society Foundation and the Physicians' Foundation for Health Systems Excellence, which includes funds from the RICO lawsuit involving six health plans that were sued by the California Medical Association and several other states for delay in patient care and improper reimbursement of physicians.

## **VI. Adjourn- NO OCTOBER PLANNING COMMITTEE MEETING. THE NEXT MEETING WILL BE WEDNESDAY, NOVEMBER 10, 10:30 – NOON, SHARP OPERATIONS CENTER, 8695 SPECTRUM CENTER COURT, SAN DIEGO, CA 92123**

If you have questions or would like more information, please call (858) 495-5428 or email: [evalyn.greb@sdcounty.ca.gov](mailto:evalyn.greb@sdcounty.ca.gov) or [sara.barnett@sdcounty.ca.gov](mailto:sara.barnett@sdcounty.ca.gov) or visit the LTCIP website